

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaimuki Senior Care, L.L.C. (918)	CHAPTER 100.1
Address: 918 12 th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 11, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. <u>FINDINGS</u> Resident #1 – No documented evidence that the “moist minced to pureed solids as tolerated” diet (ordered on 9/13/2019 and 12/16/2019) was clarified with the physician to include the type of diet.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Primary Care Physician faxed for clarification on diet order.</p>	<p style="text-align: right;">2/4/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit. <u>FINDINGS</u> Resident #1 – No documented evidence that the “moist minced to pureed solids as tolerated” diet (ordered on 9/13/2019 and 12/16/2019) was clarified with the physician to include the type of diet.	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p> Nurses to review and double check with house nurse partner information regarding all signed orders, and to promptly clarify discrepancies. Nurse Managers to audit charts for new and existing orders. </p>	<p style="text-align: right;"> <i>2/6/20 & ongoing</i> </p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Bedroom #7 – Box of Jevity nutrition supplement and two (2) cases of TwoCal HN nutrition supplement stored on floor of bathroom closet.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">The nutrition supplements was taken off the floor and placed onto portable shelving.</p>	<p style="text-align: right;">2/6/20</p>

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<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Bedroom #7 – Box of Jevity nutrition supplement and two (2) cases of TwoCal HN nutrition supplement stored on floor of bathroom closet.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </div> <div style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </div> <div style="text-align: center;"> House Supervisors to maintain rooms weekly to ensure the rooms and any food items in the house is within sanitary conditions. Nurse Managers to check rooms monthly and complete staff education as needed. </div>	<div style="text-align: right;"> 2/6/2012 ongoing </div>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers.</p> <p><u>FINDINGS</u> Single serving cartons of Boost Plus stored open to air in refrigerator #1.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>PART 1</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Single serving carton of Boost Plus removed from Refrigerator #1</p>	2/4/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (b) All foods shall be stored in covered containers.</p> <p>FINDINGS Single serving cartons of Boost Plus stored open to air in refrigerator #1.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>House Supervisors to maintain refrigerators daily when on duty to ensure food items is kept in covered containers. Nurse Managers to check houses daily when on duty and complete staff education as needed.</p>	<p>2/6/2018 ongoing</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Multiple orders for Boost Breeze from 9/3/2019 – 9/6/2019. Orders were not clarified until 9/16/2019.	<div data-bbox="1328 1297 1360 1409">PART 1</div> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<div data-bbox="391 1671 472 1871" style="writing-mode: vertical-rl; transform: rotate(180deg);"> STATE OF MISSISSIPPI DEPARTMENT OF HUMAN SERVICES </div> <div data-bbox="293 1619 326 1902" style="writing-mode: vertical-rl; transform: rotate(180deg);"> 5/1/2019 01:00:02 </div>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 – Multiple orders for Boost Breeze from 9/3/2019 – 9/6/2019. Orders were not clarified until 9/16/2019.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Nurses to review and double check with house nurse partner information regarding all signed orders, and to promptly clarify discrepancies. Nurse Managers to audit charts for new orders.</p>	<p style="text-align: right;">2/4/2020 ongoing</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #2 – Order for Oxygen 1-5 L/minute via nasal cannula with oxygen concentrator as needed, doesn't include indication for PRN use.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">Primary Care Physician faxed to clarify order for indication</p>	2/6/20

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #2 – Order for Oxygen 1-5 L/minute via nasal cannula with oxygen concentrator as needed, doesn't include indication for PRN use.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Nurses to review and double check with house nurse partner information regarding all signed orders, and to promptly clarify discrepancies. Nurse Managers to audit charts for new and existing orders.</p>	<p style="text-align: right;">2/6/2015 ongoing</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<div data-bbox="1323 241 1364 283"><input checked="" type="checkbox"/></div> <p data-bbox="1299 315 1364 756">§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p data-bbox="1055 315 1266 955">Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p data-bbox="998 315 1023 441"><u>FINDINGS</u></p> <p data-bbox="868 315 990 945">Resident #1 – Monthly progress notes did not include observations of the resident's tolerance to "moist minced to pureed solids as tolerated" diet (ordered on 9/13/2019 and 12/6/2019).</p>	<p data-bbox="1323 1302 1356 1407">PART 1</p> <p data-bbox="609 1008 941 1711">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p data-bbox="267 1638 454 1911">5/13/2019 01:08:02Z</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 – Monthly progress notes did not include observations of the resident's tolerance to "moist minced to pureed solids as tolerated" diet (ordered on 9/13/2019 and 12/6/2019).	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Educated nurses to note resident's tolerance to modified foods. Nurse Managers to audit charts for new and existing orders for modified foods, and to ensure tolerance is noted in the monthly summaries.</p>	<p style="text-align: center;">2/6/2019 ongoing</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered;" FINDINGS Resident #2 – Physician order states, "change tube feeding bag every 24 hours." No initials on medication administration record (MAR) from 1/1/2019 – 1/3/2019.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§ 11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #2 – Physician order states, "change tube feeding bag every 24 hours." No initials on medication administration record (MAR) from 1/1/2019 – 1/3/2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Educated nurses to follow orders as stated in the MAR and initial after every order with the understanding that the order was followed as ordered by the physician. Nurse Managers to audit charts for new and existing orders for completion.</p>	<p>2/6/20 ongoing</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(7) During residence, records shall include: Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #1 – On 9/13/2019, physician ordered weekly weights to be taken every Sunday. On 9/22/2019 and 9/30/2019, the MAR was initialed as having a weight taken; however, there was no actual weight recorded on the MAR or height and weight record. In addition, there was no weight taken during the 4 th week of October.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature:

[Signature], POA

Print Name:

Lora Garcia, POA

Date:

2/6/2020

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